

A woman with hidden charm needles

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ABSTRACT A 69-year-old Indonesian woman was discovered incidentally to have multiple fine small needles in the head and chest. They are known as charm needles, or 'susuks' in the Malay language, and are worn in the body as talismans. Inserting charm needles is encountered mainly in Southeast Asia and is related to traditional Malay beliefs, though the wearers also include Chinese and Indians. The needles do not cause pain or swelling and are not visible externally. They should be left alone unless they lead to infection or interfere with surgical procedures or radiotherapy on the face and neck.

KEYWORDS Bomoh, charm needles, Southeast Asia, susuk, talisman

DECLARATION OF INTERESTS No conflict of interests declared.

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CASE REPORT

A 69-year-old Indonesian woman with a history of bullous pemphigoid (on long-term corticosteroid therapy), valvular heart disease and anaemia was investigated for headache. A skull X-ray showed multiple small fine needles in the face (see Figure 1) and a smaller number in the chest. The needles had been inserted when she was a young girl staying in Indonesia. Two needles were inserted by a 'bomoh' on each occasion and the practice was repeated every month.

COMMENTARY

The needles found in this woman are known as 'susuks' in the Malay language, or charm needles.¹ The needles are inserted by medicine-men or 'bomohs' who also prescribe herbal remedies and perform incantations and exorcism. This practice is encountered mainly in Southeast Asia, and charm needles are seen mainly in Malays and to a lesser extent in Chinese and Indians. Most needle wearers prefer to keep the presence of the needles a secret.

The needles are small and fine and are made of a gold and copper alloy² or silver. They are inserted mainly in the face and less often in the chest, abdomen, limbs, breasts, mons pubis and spinal area. The needles are usually detected incidentally when a skull or dental X-ray is taken. The number of needles which have been detected by skull X-ray vary from 1 to 47.³ They usually remain intact for many years but can break into smaller pieces due to corrosion and muscle contractions.

The needles are worn in the body as talismans. They are believed to have the power to improve the strength, health and physical appearance of the wearer; cure ailments, protect the wearer from harm, and cast a spell



FIGURE 1 Skull X-ray showing numerous fine needles (n=32) located mainly in the lower half of the face.

on another person to achieve a more loving relationship (e.g. in a spouse), or success in business. In a reported case,⁴ an accused made use of the embedded charm needles to escape punishment in court, by alleging that he was assaulted by the police with a needle and coerced in to making a confession.

Charm needles may be mistaken for foreign bodies introduced during an accident, acupuncture needles, or wrongly diagnosed as root fillings or retention pins in

dental X-rays. Acupuncture needles are usually longer and finer and are not normally embedded in the subcutaneous tissue. However, there is a rare form of Japanese acupuncture^{5,6} in which the acupuncture needles are broken off intentionally and the fragments left in the soft tissues.

The needles do not cause pain or swelling and are not visible externally. They should be left alone unless they lead to infection or interfere with surgical procedures or radiotherapy on the face and neck. In rare cases, the needles are removed on the request of the patient in the belief that death would not be peaceful if the needles are allowed to remain permanently in the body.

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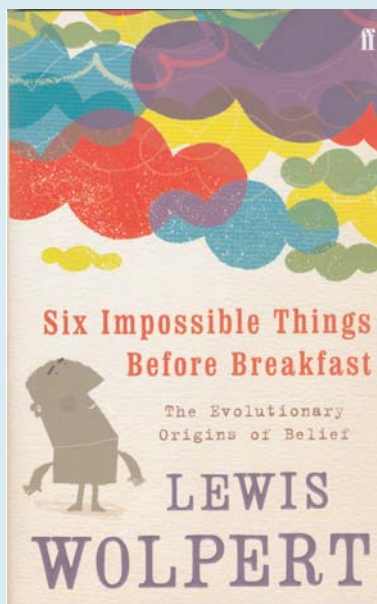
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A BOOK YOU SHOULD READ

Six impossible things before breakfast: The evolutionary origins of belief

L Wolpert
ISBN 0-571-20920-3
Faber and Faber
£14.99

Lewis Wolpert, Emeritus Professor of Biology as Applied to Medicine at University College, London, is an eminent scientist who has made important contributions to the public understanding of science. Wolpert, who describes himself as an atheist–reductionist–materialist and a humanist, sets out in this short book to explore the origins of belief. He suggests that Darwinian evolution, leading to causal thinking by the brain, linked to the development of tools, underlies the way we see the world and acquire our beliefs. He begins by examining everyday



beliefs with a quote from the legendary HL Menken that 'believing passionately in the palpably not true ... is the chief occupation of mankind' and goes on to show why 'two-thirds of what we see is behind our eyes' (Chinese proverb). He then discusses

how beliefs develop in children and in animals, the rôle tools play, and their implications for religion, health, and moral values. Unsurprisingly, his chapter on science – an unnatural, culture-free form of thought – is outstanding, though his view that 'any commonsense view of the world is scientifically false' is depressing.

Clinicians, whose everyday work lies uneasily balanced between everyday and scientific thinking, will find this book a wonderful source of information and insights into our own, and our patients', beliefs. Wolpert says, 'I do realise that my analysis is speculative and my evidence is often weak', and as a result, those of us who still believe in a universal God can continue to sleep easily. However, we would all benefit from exposing our minds to this eloquent atheist–reductionist–materialist.

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